

UNAFFILIATED CANDIDATE GENERAL ELECTION DESIGNATION PETITION

WARNING:  
IT IS AGAINST THE LAW:

- For anyone to sign this petition with any name other than one’s own or to knowingly sign one’s name more than once for the same candidate or to knowingly sign the petition when not a registered elector.
- Do not sign this petition unless you are an eligible elector. To be an eligible elector you must be registered to vote and eligible to vote in elections.

(Name of political subdivision)

- Do not sign this petition unless you have read or have had read to you the proposed nomination petition in its entirety and understand its meaning.

PETITION TO NOMINATE \_\_\_\_\_ THE OFFICE OF \_\_\_\_\_

Name of person sought to be elected

Title of Office/District #

TO THE HONORABLE GIGI DENNIS, SECRETARY OF STATE

We, the undersigned registered electors of the State of Colorado representing the electorate of \_\_\_\_\_,

Title of Office/District #

Hereby nominate \_\_\_\_\_, who resides at \_\_\_\_\_

Printed Name of Candidate

Street Name & Number

City/Town/Zip

County

For the office of \_\_\_\_\_ to be voted for at the General Election to be held on November 7, 2006.

Title of Office/District #

I am an eligible elector in the district mentioned in this petition, as shown on the registration books of the county clerk and recorder. I have not signed any other petition for any other candidate for the same office.

Pursuant to C.R.S. 1-4-802 (1)(e) the designated unaffiliated voters are appointed as a committee to fill any vacancy in this nomination:

Name	Address
_____	_____
_____	_____

1	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
2	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
3	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
4	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
5	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
6	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
7	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
8	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
9	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing
10	Signature	Residence Address (Street & Number)	County
	Printed Name	City/Town	Date of Signing

AFFIDAVIT OF CIRCULATOR

I, \_\_\_\_\_, (Printed Name of Circulator) being duly sworn, depose and say that I was an eligible elector and eligible to vote in the political subdivision in which the petition was circulated and signed by the listed electors; and that I am a registered elector in the district mentioned in the petition at the time the petition was circulated as shown on the registration books of the county clerk and recorder; that I circulated the section of the petition; that each signature on the petition section is the signature of the person whose name it purports to be; that to the best of my knowledge and belief each of the persons signing the petition section was, at the time of signing, an eligible elector in the district mentioned in the petition; and that I have not paid or will not in the future pay and that I believe that no other person has paid or will pay, directly or indirectly, any money or other thing of value to any signer for the purpose of inducing or causing the signer to sign the petition.

\_\_\_\_\_  
Signature of Circulator                      Residence Address (Street & Number) City/Town/Zip                      County                      Date of Signing

STATE OF COLORADO, COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature/Title of Official Administering Oath

My Commission Expires: \_\_\_\_\_